

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 8

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
MedicaidTO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.55 42 CFR 441.56

42 CFR 441.62

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A

#4.b., Pages 1-8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A

#4.b., Pages 1-9

10. SUBJECT OF AMENDMENT:

EPSDT Service Limitations

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

06/05/01

16. RETURN TO:

Janet Schalansky, Secretary  
Social & Rehabilitation Services  
Docking State Office Building  
915 SW Harrison, Room 651S  
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

06/08/01

18. DATE APPROVED:

JUL 23 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid &amp; state Operations

23. REMARKS:

SPA Control

Date Submitted: 06/05/01

Date Received: 06/08/01

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 1

### KAN Be Healthy (Early and Periodic Screening Diagnosis and Treatment) Limitations

Non-covered procedures will be covered for EPSDT participants if determined to be medically necessary. Limitations may be exceeded for EPSDT participants when determined medically necessary through the prior authorization process.

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Inpatient Hospital Services	No	Elective Surgery is covered
Outpatient Hospital Services	No	Elective Surgery is covered
Rural Health Clinics Services	Yes	
Federally Qualified Health Centers	Yes	
Other Laboratory & X-Ray Services	Yes	
Nursing Facility over age 21 Services	Yes	
Family Planning Services	Yes	

TN # MS 01-08 Approval Date JUL 23 2001 Effective Date 4-1-01 Supersedes # MS 97-20

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 2

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Physician's Services	No	Non-psychiatric office visits up to 24 per calendar year which includes nonemergency hospital visits; elective and nonelective surgeries; and individual psychotherapy up to 40 hours per calendar year. A special psychiatric program for children is covered with prior authorization.
Podiatric Services	No	Podiatry services are included in the physician limitation of 24 total office visits per year.
Optometric Services	No	Eye exams, refractions and coordination testing are unlimited.
Chiropractic Services	No	One physical and one history per calendar year are covered.

TN # MS 01-08 Approval Date JUL 23 2001 Effective Date 4-1-01 Supersedes # MS 96-08

## KANSAS MEDICAID STATE PLAN

Replacement Page  
Attachment 3.1-A  
#4.b., page 3

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Other Practitioners' Services	No	40 hours of individual psychotherapy per calendar year are covered. Psychotherapy is covered up to 4 hours per month with prior authorization.  Dietitian Services
Home Health Nursing Services	No	Respiratory therapy is covered. Attendant care for independent living is covered.
Home Health Aide Services	Yes	
Home Health Medical Supplies	Yes	
Home Health, PT, OT, Speech Pathology	No	Additional services with prior authorization.

TN # MS 01-08 Approval Date JUL 23 2001 Effective Date 4-1-01 Supersedes # MS 96-08

## KANSAS MEDICAID STATE PLAN

Replacement Page  
Attachment 3.1-A  
#4.b., page 4

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumer	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Clinic Services	No	Elective surgery is covered at ambulatory surgical centers. 40 hours of individual psychotherapy are covered per calendar year at CMHCs. 12 hours of case conference are covered per calendar year at CMHCs.
Dental Services	No	Participants must have KAN Be Healthy dental screening to receive dental services including cleaning, fluoride treatment, fillings, pulpotomy, extraction, x-rays, dentures, endodontia and orthodontia. Those participants requesting orthodontia must have a medical screening in addition to dental screening. Some services require prior authorization.

**JUL 23 2001**

TN # MS 01-08 Approval Date \_\_\_\_\_ Effective Date 4-1-01 Supersedes # MS 96-08

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 5

### KAN Be Healthy (Early Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Audiology	No	Hearing aid incorporated into eyeglasses.
Prescribed Drugs	No	Antihistamines, cold and cough medicines and vitamins are covered.
Dentures	No	Partial dentures, repair and adjustment are covered.
Prosthetic and Orthotic Devices	Yes	
Eyeglasses	No	KAN Be Healthy vision screening is required. The second and subsequent sets of eyeglasses or lenses within a year period are covered when glasses are lost or broken. Contact lenses and certain tints require prior authorization.

TN # MS 01-08 Approval Date JUL 23 2001 Effective Date 4-1-01 Supersedes # MS 00-18

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#4.b., page 6

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Rehabilitation Services	No	Attendant care In-Home Family Treatment Intensive Behavior Management (Level V Group Home). Individual, Group, and Family Counseling. Up to 140 day maximum stay in Level V Group Care. Specialized residential group treatment with prior authorization. Up to 180 days of therapeutic foster care. Prior authorization required for all services.

**JUL 23 2001**

TN # MS 01-08 Approval Date \_\_\_\_\_ Effective Date 4-1-01 Supersedes # MS 96-08

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 7

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Positive Behavioral Support (PBS) Services	Yes	One Environmental Assessment per year. Sixty hours of PBS Treatment sessions per year. One Person Centered Planning session per year. Services require prior authorization and are provided in a CMHC, CDDO, or Child Placing Agency.
ICF/MR Services	Yes	
Inpatient Psychiatric Facilities Services for those Under 22	Yes	Up to six month stay in Level VI Group Care. Up to 5 days placement for observation and stabilization. Prior authorization required.
Nurse-Midwife Services	Yes	
Hospice Services	Yes	

JUL 23 2001

TN # MS 01-08 Approval Date                      Effective Date 4-1-01 Supersedes # MS 96-08



## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 8

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Targeted Case Management Services	Yes	
Extended Services to Pregnant Women	Yes	
Other Pregnancy Related Services	Yes	
Transportation Services	No	Nonambulance transportation is covered with prior authorization for all medical visits.
Nursing Facility Services for Those Under 21	Yes	
Emergency Hospital Services	Yes	
Maternity Center Services	Yes	
Equipment and Supplies	No	Wheelchair purchase more than once every five years.

JUL 23 2001

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## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#4.b., page 9

### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Advanced Registered Nurse Practitioner	No	KAN Be Healthy screens. Targeted Case Management for Technology Assisted Children.
Local Health Departments	No	KAN Be Healthy screens.
Community Mental Health Centers	No	In-home therapy. Individual psychotherapy up to 40 hours per calendar year and psychological testing up to 6 hours every two years.
Psychotherapy	No	Individual, group and family psychotherapy up to 40 hours per calendar year and a specialized program for children with prior authorization.
Local Education Agency	No	Speech, occupational therapy, physical therapy and KAN Be Healthy screens are covered.

JUL 23 2001

TN # MS 01-08 Approval Date                      Effective Date 4-1-01 Supersedes # MS 96-08